

STATEMENT OF FACTS PREPARATION CHECKLIST

Enter a **Y** (Yes), **N** (No), or **N/A** (Not Applicable) in the box to the right of each item.

1. Check Statement of Facts Summary Sheet for the following:	
a. If this is an appeal, have the dates for "Appeal Rec'd" and "Acknowledgement Letter Sent" been entered?	
b. Has a box been checked for "Operating? (Yes/No)"?	
c. If this is a telephone TSO case, have the 3 boxes been completed?	
d. If this is an immediate exclusion case, has Legal Division approval been obtained, and have the 4 boxes been completed?	
e. Is only one box for "Type of Action Requested" checked? (For each action requested, a separate summary sheet must be completed.)	
f. Has date of licensure or certification been completed?	
g. Has number of other facilities operated by the licensee been completed?	
2. Check file for the following documents:	
a. Copy of current license, if licensed.	
b. Copy of current certification, if certified.	
c. Copy of application, if license denial.	
d. Appeal letter, if appealed.	
e. Copy of attorney consultations.	
f. Copy of immediate exclusion letter.	
3. Is complete contact information for all witnesses included?	
4. Has LIS been checked for all licenses of licensees, and for all associations of non-corporate respondents?	
5. Have copies been made of all documents supporting all possible allegations, including documents in confidential file and exhibits to investigation reports?	
6. Have licensing documents been organized so that public and confidential documents from same date are together?	
7. If clients are still in care pending the outcome of the administrative action, has a case monitoring plan been developed?	
8. Has this completed checklist been attached to the Statement of Facts?	